

7. Total Quantity of Regulated Medical Waste by Category and Destination (**NOTE: do not double count RMW (e.g. RMW reported as being delivered to a second transporter should <u>not</u> also be reported under the Destination Facility column. In that column only report RMW that was delivered by you <u>directly</u> to a destination facility.)		
	Second Transporter or Transfer Facility	Intermediate Handler or Destination facility
A. Untreated Waste (pounds)		
B. Treated Waste (pounds)		

III. GENERATOR IDENTIFICATION

8. Total Number of Generators From Whom Regulated Medical Waste was Accepted
 _____. (If your answer is "0", skip to Section IV)

9. Identity of Generators
(Please complete Sections A, B, C, D and E for each Generator)

A. Name and Location of Generator

 Name

 Address

 City, State, and Zip Code

B. County code _____

C. Type of Generator _____
 If Other, Specify _____

D. Quantity of Regulated Medical Waste Accepted
 from Generator

Untreated _____ pounds

Treated _____ pounds

E. Generator Identification Number

A. Name and Location of Generator

 Name

 Address

 City, State, and Zip Code

B. County code _____

C. Type of Generator _____
 If Other, Specify _____

D. Quantity of Regulated Medical Waste Accepted
 from Generator

Untreated _____ pounds

Treated _____ pounds

E. Generator Identification Number

A. Name and Location of Generator

 Name

 Address

 City, State, and Zip Code

B. County code _____

C. Type of Generator _____
 If Other, Specify _____

D. Quantity of Regulated Medical Waste Accepted
 from Generator

Untreated _____ pounds

Treated _____ pounds

E. Generator Identification Number

A. Name and Location of Generator

 Name

 Address

 City, State, and Zip Code

B. County code _____

C. Type of Generator _____
 If Other, Specify _____

D. Quantity of Regulated Medical Waste Accepted
 from Generator

Untreated _____ pounds

Treated _____ pounds

E. Generator Identification Number

IV. SECOND TRANSPORTER AND TRANSFER FACILITY IDENTIFICATION

10. Total Number of Second Transporters and Transfer Facilities to which Regulated Medical Waste was Delivered _____. (If your answer is "0", complete Section V. If your answer is more than "0," then complete Section VI. Complete Section V if applicable or enter "0")

11. Identity of Second Transporter and Transfer Facilities
(Please complete Sections A and B for each Facility)

A. Name and Location of
☐ Second Transporter ☐ Transfer Facility
 (Check one)

 Name

 Address

 City, State, and Zip Code

B. Quantity of Regulated Medical Waste Delivered to
 Second Transporter/Transfer Facility

Untreated _____ pounds

Treated _____ pounds

A. Name and Location of
☐ Second Transporter ☐ Transfer Facility
 (Check one)

 Name

 Address

 City, State, and Zip Code

B. Quantity of Regulated Medical Waste Delivered to
 Second Transporter/Transfer Facility

Untreated _____ pounds

Treated _____ pounds

A. Name and Location of
☐ Second Transporter ☐ Transfer Facility
 (Check one)

 Name

 Address

 City, State, and Zip Code

B. Quantity of Regulated Medical Waste Delivered to
 Second Transporter/Transfer Facility

Untreated _____ pounds

Treated _____ pounds

A. Name and Location of
☐ Second Transporter ☐ Transfer Facility
 (Check one)

 Name

 Address

 City, State, and Zip Code

B. Quantity of Regulated Medical Waste Delivered to
 Second Transporter/Transfer Facility

Untreated _____ pounds

Treated _____ pounds

V. INTERMEDIATE HANDLER AND DESTINATION FACILITY IDENTIFICATION

12. Total Number of Intermediate Handlers and Destination Facilities which Accepted Regulated Medical Waste for Disposal _____.
(If your answer is "0", do not continue with this Section)

13. Identity of Intermediate Handlers and Destination Facilities
(Please complete Sections A, B and C for each Facility)

A. Name and Location of
☐ Intermediate Handler
☐ Destination Facility (Check one)

 Name

 Address

 City, State, and Zip Code

B. Facility Type _____

C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility

Untreated _____ pounds

Treated _____ pounds

A. Name and Location of
☐ Intermediate Handler
☐ Destination Facility (Check one)

 Name

 Address

 City, State, and Zip Code

B. Facility Type _____

C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility

Untreated _____ pounds

Treated _____ pounds

A. Name and Location of
☐ Intermediate Handler
☐ Destination Facility (Check one)

 Name

 Address

 City, State, and Zip Code

B. Facility Type _____

C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility

Untreated _____ pounds

Treated _____ pounds

A. Name and Location of
☐ Intermediate Handler
☐ Destination Facility (Check one)

 Name

 Address

 City, State, and Zip Code

B. Facility Type _____

C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility

Untreated _____ pounds

Treated _____ pounds

VI. FINAL DISPOSAL FACILITY IDENTIFICATION

14. Total Number of Facilities which accepted Regulated Medical Waste for Disposal _____.
(Complete this section if you delivered waste to a second transporter or transfer facility and not directly to an intermediate handler or destination facility)

15. Identity of Final Disposal Facilities
(Please complete Sections A, B and C for each Facility)

A. Name and Location

 Name

 Address

 City, State, and Zip Code

B. Facility Type _____

C. Quantity of Regulated Medical Waste Accepted by
 the Final Disposal Facility

Untreated _____ pounds

Treated _____ pounds

A. Name and Location

 Name

 Address

 City, State, and Zip Code

B. Facility Type _____

C. Quantity of Regulated Medical Waste Accepted by
 the Final Disposal Facility

Untreated _____ pounds

Treated _____ pounds

A. Name and Location

 Name

 Address

 City, State, and Zip Code

B. Facility Type _____

C. Quantity of Regulated Medical Waste Accepted by
 the Final Disposal Facility

Untreated _____ pounds

Treated _____ pounds

A. Name and Location

 Name

 Address

 City, State, and Zip Code

B. Facility Type _____

C. Quantity of Regulated Medical Waste Accepted by
 the Final Disposal Facility

Untreated _____ pounds

Treated _____ pounds